

**WISCONSIN DISTRIBUTOR'S
TOBACCO PRODUCTS
TAX RETURN**

Tax Account Number

FEIN / SSN

Month Covered (MM DD YYYY)

Use BLACK INK Only☐ Cancel my permit effective

(MM DD YYYY)

☐ Check if address, name change,
or entity change☐ Check if this is an amended return☐ Check if correspondence is includedPrint numbers like this → 0123456789 Not like this → 0147**NO COMMAS****SECTION 1****All Tobacco Products Tax (excluding moist snuff and cigars)**

1. Total untaxed tobacco products purchased/sold (see instructions) **1** .00
2. Credit for exempt organizations/returned merchandise/short shipments
(Form TT-101, schedule 3, untaxed credits, line 20) **2** .00
3. Sales to other states (Form TT-101, schedule 5, untaxed sales, line 20) **3** .00
4. Net untaxed tobacco products purchased/sold (subtract lines 2 and 3 from line 1) **4** .00
5. Tobacco products tax rate **5** **71%**
6. Tobacco products tax (multiply line 4 by line 5 and round to the nearest dollar) . . . **6** .00

SECTION 2**MOIST SNUFF TAX**

7. Total untaxed moist snuff purchased/sold
(see instructions) **7** .00
8. Credit for exempt organizations/returned merchandise/short shipments
(Form TT-101M, schedule 3, untaxed credits, line 20) **8** .00
9. Sales to other states (Form TT-101M, schedule 5, untaxed sales, line 20) **9** .00
10. Moist snuff tax (subtract lines 8 and 9 from line 7) **10** .00

ENTER NEGATIVE NUMBERS LIKE THIS → -1000

NOT LIKE THIS → (1000)NO COMMAS**SECTION 3 CIGAR TAX**

11. Tax on cigars purchased/sold (see instructions) **11** _____ .00
12. Tax credit for exempt organizations/returned merchandise/short shipment
(Form TT-101C, schedule 3, untaxed credits, line 20). **12** _____ .00
13. Tax credit for sales to other states (Form TT-101C, schedule 5, untaxed sales, line 20) **13** _____ .00
14. Net cigar tax (subtract lines 12 and 13 from line 3 and round to the nearest dollar) . **14** _____ .00

SECTION 4 TAX RECONCILIATION

15. Total tobacco products moist snuff, and cigar tax due/refund
(add lines 6, 10, and 14) Refund is identified as a negative number **15** _____ .00
16. Less bad debt tobacco products tax deduction
(Form TT-117, column G, line 13) **16** _____ .00
17. Add bad debt tobacco products tax repayment
(attach schedule and explanation). **17** _____ .00
18. TOTAL AMOUNT DUE (If line 15 less line 16 plus line 17 is greater than zero) . . . **18** _____ .00
19. TOTAL REFUND CLAIMED
(If line 15 less line 16 plus line 17 is less than zero) **19** _____ .00

SECTION 5 MASTER SETTLEMENT AGREEMENT REPORTING

20. Do you have any Master Settlement Agreement (MSA) reporting requirements
for Non-Participating Manufacturers' products for this period? **20** ☐ Yes ☐ No
If yes, complete Form TT-101.

☐ Check here if your required MSA e-mail address has changed. New address _____

DECLARATION: I declare under penalties of law that I have examined this return and all attachments and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Permittee (or authorized agent)	Preparer's Name (please print or type)	Preparer's Phone Number ()	Date
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Mail your return with payment to:
 Wisconsin Department of Revenue
 Mail Stop 5-107
 PO Box 8900
 Madison WI 53708-8900

Questions or need more forms?
 Call (608) 266-8970 Fax (608) 261-7049
 E-mail: excise@revenue.wi.gov
 Website: www.revenue.wi.gov

